

# Georgia Recreation and Park Association

## EJECTION-PROTEST-GAME INCIDENT FORM

(to be submitted with Tournament Report)

\_\_\_\_\_ EJECTION FORM

\_\_\_\_\_ PROTEST FORM

DATE: \_\_\_\_\_

\_\_\_\_\_ GAME INCIDENT FORM

TIME: \_\_\_\_\_

ACTIVITY (Event/Class/Division): \_\_\_\_\_

TEAM / TEAM (PROTESTING): (TEAM A/ District)- \_\_\_\_\_

VS: (TEAM B/ District) - \_\_\_\_\_

FIELD OR COURT: \_\_\_\_\_ SCHEDULED GAME TIME: \_\_\_\_\_ PERIOD OR INNING OF PLAY: \_\_\_\_\_

TIME REMAINING: \_\_\_\_\_ SCORE AT TIME OF EJECTION/ PROTEST/ INCIDENT: \_\_\_\_\_

BALL POSSESSION AT TIME OF EJECTION/PROTEST/INCIDENT- if Applicable: \_\_\_\_\_

OFFICIALS: 1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

COACH A: \_\_\_\_\_ COACH B: \_\_\_\_\_

NAME OF PARTY/ PARTIES INVOLVED: \_\_\_\_\_

LAW ENFORCEMENT CALLED: \_\_\_\_ YES \_\_\_\_ NO

AGENCY REP/DIRECTOR CALLED: \_\_\_\_ YES \_\_\_\_ NO

Witness Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Witness Address: \_\_\_\_\_

(Street)

(City, ST, Zip)

\*\*\*\*\*

**SUMMARY OF INCIDENT / PROTEST – use back if needed**

\_\_\_\_\_ TEAM COACH/MANAGER/OFFICIAL

(Signature of Person Completing Report)

\_\_\_\_\_ TOURNAMENT/EVENT DIRECTOR

Reviewed by (DATE/INITIALS): SAC Chr \_\_\_\_\_ Hardship/Suspension/ Appeal Chr \_\_\_\_\_ Executive Dir: \_\_\_\_\_

Date Report Placed in File: \_\_\_\_\_ Referred to SAC Appeals Committee: \_\_\_\_ Yes \_\_\_\_ No